

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH & SAFETY**

625 5th Street ❖ Santa Rosa, CA 95404
sonomacounty.ca.gov/Cannabis-Program/
Phone (707) 565-6565 ❖ FAX (707) 565-6525

MEDICAL CANNABIS HEALTH PERMIT APPLICATION

Answer all questions completely. Sign and date below.
Retain the yellow copy. Submit original to Environmental Health & Safety.

Please print or type.

Application Type: ☐ Original Application ☐ Change of Ownership

Facility Type: ☐ Dispensary ☐ Edible Manufacturer

Please include payment with this application.

Inspector to Complete This Section

Additional Plan Review Hrs. _____

Plan Review Hourly Rate x\$ _____

Total Plan Review Fee Due = \$ _____

Permit Fee Due +\$ _____

Stormwater Fee Due +\$ _____

Total Fee Due = \$ _____

SITE	Name on Sign at Site _____ Site Phone _____
	Site Address _____
	City _____ State _____ ZIP _____
	Previous Name of Business at This Location (If Applicable) _____
	Opening Date _____ Square Footage of Facility Interior _____ APN _____
OWNER	Owner Name _____ Owner Phone _____
	Owner Mailing Address _____
	City _____ State _____ ZIP _____ Email _____
BILLING	Billing Name _____ Billing Phone _____
	Care of: _____
	Billing Mailing Address _____
	City _____ State _____ ZIP _____

Agreement

I (we) understand that a permit is issued upon inspection of the above named medical cannabis facility when it is in substantial compliance with applicable state law and county code. Fees are not prorated. The permit is valid for twelve months, or as otherwise noted on the permit, and shall be renewed annually by payment of fees determined by the Board of Supervisors.

Any permit that is not reinstated by the designated anniversary date, due to failure to submit permit fees, shall be deemed delinquent. Permits that continue to remain delinquent will be subject to late fees at intervals of thirty (30) days and sixty (60) days past the anniversary date. The amount assessed shall be included in the fee schedule approved by resolution of the Board of Supervisors with the annual budget. *County Code, Sec. 14-6-050*

The permit may be suspended or revoked for good cause. The permit is not transferable upon change of ownership and is valid only for the location/facility listed above.

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

Print name _____ Signature _____ Date _____

Print name _____ Signature _____ Date _____

For office use only: PE _____ SW/PE _____ District _____ Approved By _____

PR # _____ SW/PR# _____ Issue Permit _____

☐ Cash ☐ Check ☐ Credit Card Trans # _____ Date Rec'd _____ By _____

Amount Received \$ _____